# Village of Blissfield Parks & Recreation Department- Spring 2022 Youth Registration Form

## Last Day of Registration is April 1, 2022 by 5:00pm NO EXCEPTIONS!

Fees: 3-8 year old fee: \$50.00 U10, U13, U16 fee: \$65.00

Make checks payable to the Village of Blissfield

### NO REFUNDS WILL BE GIVEN AFTER APRIL 1st

Primary Adult Cor	ntact:				_					
Address:					City:			Zip:		
Home Phone:	Cell Phone:					Email:				
Secondary Adult (	Contact:					Phone:				
(circle one)	YES	NO	l a	m interested i	in coaching my	child's team	. (Head Coad	hes Childre	n play	for free!)
Со	aches are requ	uired to have	concussion train	ning at least e	very 3 years. P	lease ask sta	iff how to ob	tain this fre	e of ch	arge.
Child's Name:	: Child's Birth			th Date:		Mal	e Fema	ale	(circle one)	
				Chil	ld's Age:					
Do you have any requests? Please list below. We cannot guarantee requests but will try to accommodate if possible.										
				Shirt Size	e (Circle one)					
			Youth	n: Small	Medium	Large				
			Adult: Small	Medium	Large	X-	Large			
			Check the	division you	want your ch	ild to play i	n.			
_		3-8 yr old	(Birth Year:20	19 - 2014)			U13	Birth '	Year: 2	011-2009)
_		U10	(Birth Year: 20	)13-2012)			 U16	6 (Birth \	Year: 2	008- 2006)
_		•	U1	.0. U13 and U	16 are travel le	agues				

### PLEASE COMPLETE THE BACK OF THIS FORM

#### WAIVER AND RELEASE OF LIABILITY- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Village of Blissfield's sports program, related events and activities, the undersigned ackknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involced in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
- 2) I accept all responsibility to inform the coach or instructor of any pertinent medical information required as part of this activity.
- 3) I /my child have received and reviewed the State of Michigan, Department of Health and Human Services as required by State Law.
- 4) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- 5) I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and being such to the attention of the nearest official immediately; and,
- 6) I, for myself, my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree to defend and indemnify the Village of Blissfield, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees, any other entity or individual, or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Daront Signature	Drintad Nama	Data
Parent Signature	Printed Name	Date